

7572

## CERTIFICATE OF DEATH

Reg. Dist. No. 64

## 1. PLACE OF DEATH:

COUNTY Caroline MARYLAND  
 CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
 OR and give nearest town) (In this place)  
 TOWN Federalsburg 50 years

HOSPITAL OR  
 INSTITUTION OR  
 STREET ADDRESS 305 Holt Street

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline  
 CITY (If outside corporate limits, write RURAL and give nearest town)  
 OR TOWN Federalsburg  
 STREET ADDRESS (If rural give location) 305 Holt Street

3. NAME OF  
 DECEASED:  
 (Type or Print)

(First) Frank

(Middle) Scott

(Last) Bradley

4. DATE (Month) (Day) (Year)  
 OF DEATH: August 12 1955

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLED, MARRIED, WIDOWED, DIVORCED.  
 (Specify): Married

8. DATE OF BIRTH: May 9, 1884

9. AGE last birthday 71 yrs.

IF UNDER 1 YEAR Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired U. S. Postmaster

10B. KIND OF BUSINESS OR INDUSTRY: Postmaster

11. BIRTHPLACE (State or foreign country): Wicomico County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

## 13. FATHER'S NAME:

John S. Bradley

## 14. MOTHER'S MAIDEN NAME:

Amelia (maiden name unknown)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No  
 (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

## 17. INFORMANT &amp; ADDRESS:

Mrs. Bessie C. Bradley, Federalsburg, Md.

## 18. MEDICAL CERTIFICATION

INTERVAL BETWEEN  
 ONSET AND DEATH

## I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

154X

IMMEDIATE CAUSE

(A)  
 DUE TOCarcinoma of Liver  
 Adeno Carcinoma of Rectum 42. 3 kg

ANTECEDENT CAUSE (S):

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE  
 STATING UNDERLYING CAUSE LAST.(B)  
 DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
 TO THE DEATH BUT NOT RELATED TO THE  
 DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

5/10/51 Adeno Carcinoma of Rectum Grade I

20. AUTOPSY?  
 YES  NO 21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg, etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

While  Not while at work  at work 22. I hereby certify that I attended the deceased from Aug. 12, 1955, to Aug. 12, 1955, that I last saw the deceased alive on Aug. 12, 1955, and that death occurred at 11:15 A.M. from the causes and on the date stated above.  
 SIGNATURE *M. K. Roots* ADDRESS Federalsburg, Maryland DATE SIGNED Aug. 15, 1955  
 M.D.

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)

Burial

Aug. 15, 1955

Hill Crest Cemetery

Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR

August 15, 1955

REGISTRAR'S SIGNATURE

Margaret H. Frampton

24. FUNERAL DIRECTOR

J.J. Frampton and Son, Federalsburg, Md.



SURVEAU V. S.

AUG 18 1955

RECEIVED

## 7573 CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Caroline MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Marydel		STATE Maryland COUNTY Caroline CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Marydel	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None		STREET ADDRESS (If rural give location) None	
3. NAME OF (First) Mamie (Middle) Burris (Last)		4. DATE (Month) (Day) (Year) OF DEATH: 8 1 55 19	
5. SEX: Female	6. COLOR OR RACE: Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Married	8. DATE OF BIRTH: 7/16/1904
9. AGE last birthday 51 Yrs. yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life.) Housewife		10B. KIND OF BUSINESS OR INDUSTRY: None	
11. BIRTHPLACE (State or foreign country): Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: James Berry		14. MOTHER'S MAIDEN NAME: Emma Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT & ADDRESS: Clarence Burris Marydel, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 17/1 IMMEDIATE CAUSE ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		DUE TO (A) <u>Carcinoma of cervix uteri</u> DUE TO (B) <u>with metastasis to pelvis</u> DUE TO (C) <u>organs</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION:		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> M. at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 5, 1955</u> , to <u>Aug 1, 1955</u> , that I last saw the deceased alive on <u>Aug 1, 1955</u> , and that death occurred at <u>8:20 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>Cleopatra F. Greenlee</u> M.D. DATE SIGNED <u>Aug 3, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/4/55 NAME OF CEMETERY OR CREMATORIY Price Chapel LOCATION (City, town, or county) (State) Templeville, Md.	
DATE REC'D BY LOCAL REGISTRAR 8/4/55		REGISTRAR'S SIGNATURE <u>A.C. Smith</u> 24. FUNERAL DIRECTOR ADDRESS <u>J. E. Bouleau &amp; Greenlee, Md.</u>	

BUREAU V. S.

AUG 22 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07572  
7574 CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED:								
COUNTY <b>Caroline</b>		MARYLAND		STATE <b>Maryland</b> COUNTY <b>Caroline</b>							
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <b>Preston</b>		LENGTH OF STAY (In this place) <b>Life</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Preston</b>							
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>DD</b>		STREET ADDRESS		(If rural give location) <b>X</b>							
3. NAME OF DECEASED: (Type or Print) <b>Mary</b>			(First) (Middle) (Last) <b>Ethel Fluharty</b>			4. DATE (Month) (Day) (Year) OF DEATH: <b>August 10 1955</b>					
5. SEX: <b>Female</b>		6. COLOR OR RACE: <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Married</b>		8. DATE OF BIRTH: <b>Sept. 23, 1899</b>		9. AGE last birthday IF UNDER 1 YEAR 55 yrs.   Months   Days IF UNDER 24 HRS.			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10B. KIND OF BUSINESS OR INDUSTRY: <b>Home</b>			11. BIRTHPLACE (State or foreign country): <b>Caroline County, Maryland</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		
13. FATHER'S NAME: <b>Edward Patrick</b>			14. MOTHER'S MAIDEN NAME: <b>Elma Eaton</b>			15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, No, or unk.) (If Yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>220-01-7882</b>		
17. INFORMANT & ADDRESS: <b>Arthur S. Fluharty, Preston, Maryland</b>			18. MEDICAL CERTIFICATION			19. DATE OF OPERATION: <b>19B. MAJOR FINDINGS OF OPERATION</b>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <b>157X</b> IMMEDIATE CAUSE			(A) DUE TO <b>Gastrinoma Head. Pancreas</b>			21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) <b>OF INJURY</b>			21B. PLACE (Home, farm, factory, street, office bldg., etc.) <b>21C. WHERE DID INJURY OCCUR?</b> (City or town) (County) (State)		
ANTECEDENT CAUSE (S): DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			(B) DUE TO <b>General metastasis.</b>			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <b>M.</b>			21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			(C)			21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <b>9-18</b> , 1954, to <b>8-10</b> , 1955, that I last saw the deceased alive on <b>8-10</b> , 1955, and that death occurred at <b>4:55 PM</b> , from the causes and on the date stated above. SIGNATURE <b>We Lemon</b> ADDRESS DATE SIGNED <b>Aug. 11, 1955</b>											
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <b>Burial</b>			DATE THEREOF <b>Aug. 13, 1955</b>			NAME OF CEMETERY OR CREMATORIAL <b>Linchester Cemetery</b>			LOCATION (City, town, or county) (State) <b>Linchester, Maryland</b>		
DATE REC'D BY LOCAL REGISTRAR <b>8-13-55</b>			REGISTRAR'S SIGNATURE <b>Cornelia D. Plummer</b>			24. FUNERAL DIRECTOR <b>J.J. Frampton and Son, Federalsburg, Md.</b>			ADDRESS		

RECEIVED  
BUREAU Y. S.

Aug 16 1955

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07573  
7575 CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH:

COUNTY Caroline MARYLAND  
CITY (If outside corporate limits, write RURAL LENGTH OF STAY  
OR and give nearest town) (in this place)  
TOWN Federalsburg - Rural Life  
HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS 00 Near Friendship

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Caroline  
CITY (If outside corporate limits, write RURAL and give nearest town)  
OR  
TOWN Federalsburg - Rural  
STREET ADDRESS Near Friendship

3. NAME OF (First) (Middle) (Last)  
DECEASED: Bessie Mae Gadow  
(Type or Print)

4. DATE (Month) (Day) (Year)  
OF DEATH: August 18 1955

5. SEX: Female 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF BIRTH:  
RACE: White WIDOWED, DIVORCED. May 18, 1883

9. AGE last birthday 72 IF UNDER 1 YEAR  
Months 0 Days 0 Hours 0 Mins 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework 10B. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Caroline County, Maryland 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gootee 14. MOTHER'S MAIDEN NAME: Amanda Marine

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) (If Yes, give war or dates of service) NO 16. SOCIAL SECURITY NO. None 17. INFORMANT & ADDRESS: Herman R. Gadow, Federalsburg, Md., R.F.D.

18. MEDICAL CERTIFICATION  
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  
420.0

INTERVAL BETWEEN  
ONSET AND DEATH

IMMEDIATE CAUSE

(A)  
DUE TO

Acute Coronary Occlusion

7 hours

ANTECEDENT CAUSE (S):

(B)  
DUE TO

Atherosclerotic Thrombosis

7 days

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.

(C)

Diabetes Mellitus

?

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

21A. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)

21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)

21C. WHERE DID (City or town) INJURY OCCUR?

(County) (State)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED While  Not while   
M. at work  at work

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/18, 1955, to 8/18, 1955, that I last saw the deceased

alive on 8/18, 1955, and that death occurred at 5:30 PM, from the causes and on the date stated above.  
ADDRESS 1055 DATE SIGNED Aug. 20, 1955

SIGNATURE Judge D. Plummer M.D. PRESTON, MARYLAND

23. BURIAL, CREMATION, REMOVAL (SPECIFY) DATE THEREOF NAME OF CEMETERY OR CREMATORIAL

LOCATION (City, town, or county) (State)

Burial Aug. 21, 1955 Hill Crest Cemetery

Federalsburg, Maryland

DATE REC'D BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE Concha D. Plummer

24. FUNERAL DIRECTOR ADDRESS  
J.J. Frampton and Son, Federalsburg, Md.

Aug. 21, 1955

URÉAU V. S.

AUG 25 1955

REGISTRY

7576

## CERTIFICATE OF DEATH

Reg. Dist. No. 61

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <input checked="" type="checkbox"/> Greensboro	Caroline MARYLAND	STATE <input checked="" type="checkbox"/> Greensboro	COUNTY <input checked="" type="checkbox"/> Maryland
CITY (If outside corporate limits, write RURAL OR and give nearest town) <input checked="" type="checkbox"/> Greensboro		LENGTH OF STAY (in this place) 8 Yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <input checked="" type="checkbox"/> Greensboro
HOSPITAL OR INSTITUTION OR STREET ADDRESS <input checked="" type="checkbox"/> None		STREET ADDRESS <input checked="" type="checkbox"/> None	
3. NAME OF DECEASED: (Type or Print)		(First) Laura	(Middle) Hazel
		(Last) Moyer	4. DATE (Month) (Day) (Year) OF DEATH: 8 7 55 19
5. SEX: Female		6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. <input checked="" type="checkbox"/> Married
8. DATE OF BIRTH: 9/29/1906		9. AGE last birthday 48 yrs.	IF UNDER 1 YEAR Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life) <input checked="" type="checkbox"/> Housewife		10B. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/> Phila., Pa. U.S.A.
13. FATHER'S NAME: Wm. H. Saxton		14. MOTHER'S MAIDEN NAME: Laura Belle Batters	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <input checked="" type="checkbox"/> No		16. SOCIAL SECURITY NO. 214-32-1222	17. INFORMANT & ADDRESS: Roger Moyer Greensboro, Md.
18. MEDICAL CERTIFICATION			
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  <input checked="" type="checkbox"/> 170X IMMEDIATE CAUSE DUE TO (A) Carcineoma of rt. breast ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. (B) _____ DUE TO (C) _____			
INTERVAL BETWEEN ONSET AND DEATH 18 mon.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: Aug. 1954		19B. MAJOR FINDINGS OF OPERATION Carcinoma of rt. breast	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) (County) (State) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Aug. 20, 1954, to Aug. 7, 1955, that I last saw the deceased alive on Aug. 6, 1955, and that death occurred at 12:40 M, from the causes and on the date stated above. SIGNATURE <i>Charles H. Stoeckel</i> ADDRESS DATE SIGNED 8/8/55			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/10/55	NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State) Greensboro, Md.
DATE REC'D BY LOCAL REGISTRAR Aug. 10, 1955		REGISTRAR'S SIGNATURE <i>Mr. Peppin</i>	24. FUNERAL DIRECTOR ADDRESS J. E. Boulaire Greensboro, Md.

BUREAU V. E.

AUG 17 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

07575  
Reg. Dist. 62

7571  
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

I. PLACE OF DEATH:

COUNTY Caroline

MARYLAND

CITY (If outside corporate limits, write RURAL  
OR  
and give nearest town)  
TOWN Denton, Md.

LENGTH OF STAY  
(in this place)

25 years

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md.

COUNTY Caroline

CITY (If outside corporate limits write RURAL and give nearest town)  
OR  
TOWN Denton

STREET  
ADDRESS

(If rural, give location)

3. NAME OF  
DECEASED:  
(Type or Print)

(First)

(Middle)

(Last)

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

5. SEX:

F.

6. COLOR OR  
RACE:

W.

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify):

Married

8. DATE OF BIRTH

Mar 21 1902

9. AGE last birthday:

53

10. IF UNDER 1 YEAR

Yrs.

11. Months

0

12. Days

0

13. Hours

0

14. Min.

0

10a. USUAL OCCUPATION (Give kind of  
work done during most of work life,  
even if retired):

at home

10b. KIND OF BUSINESS OR  
INDUSTRY:

11. BIRTHPLACE (State or foreign country):

Denton

12. CITIZEN OF WHAT  
COUNTRY?

U.S.A.

13. FATHER'S NAME:

Charles Fountain Amanda Griffith

14. MOTHER'S MAIDEN NAME:

Harry Murphy (Fountain)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unk.) (If Yes, give war or dates of  
service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS:

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

97%  
Immediate cause

(a)  
DUE TO

Hemorrhage - Shock

INTERVAL BETWEEN  
ONSET AND DEATH

immediate

Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating underlying cause last

(b)  
DUE TO

Gun shot wound to head

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING  
TO THE DEATH BUT NOT RELATED TO THE  
DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY?

Yes  No

21a. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.

21d. TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY 7-2-55 445 M.

21b. PLACE (Home, farm, factory,  
OF street, office bldg., etc.,  
INJURY Home

21e. INJURY OCCURRED  
While at Not while  
work  at work

21c. (City or town) (County)  
Rural Denton Caroline Md

21f. HOW DID INJURY OCCUR?  
Gun shot wound to head

(State)

(State)

22. I hereby certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and find that death resulted from: Natural causes , Accident , Suicide , Homicide , Undetermined cause .

SIGNATURE

George H. George

CHIEF MEDICAL EXAMINER  
DEPUTY MEDICAL EXAMINER  
ASSISTANT MEDICAL EXAM.

DATE SIGNED  
8/4/55

23. BURIAL, CREMATION,  
REMOVAL (Specify):  
Buried

DATE REC'D BY LOCAL  
REG. 8/4/55

DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)  
Aug. 5th Concord Cemetery Denton, Md.

REGISTRAR'S SIGNATURE

George H. George

24. FUNERAL DIRECTOR

ADDRESS  
J. George H. George & Son Denton

BUREAU U. S.

Aug 10 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct  
age is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

7573 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

07576  
Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 62

1. PLACE OF DEATH		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY	Caroline	STATE	Delaware
CITY (If outside corporate limits, write RURAL OR and give nearest town)	Length of Stay (In this place)	COUNTY	Kent
TOWN	3 weeks	CITY (If outside corporate limits write RURAL and give nearest town)	Hanover
HOSPITAL OR INSTITUTION OR STREET ADDRESS	301 High Street	STREET ADDRESS	23 Mississippi Street
3. NAME OF DECEASED: (Type or Print)	(First) Clark	(Middle) Smith	(Last) Postle
4. DATE OF DEATH	(Month) Aug	(Day) 9	(Year) 1955
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
7	Almond	Married	1882 Aug. 8 - 1955
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Retired	Housework	Delaware	
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:		
John Smith	Laura Benson		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:	18. MEDICAL CERTIFICATION
No		Roland Postle, 126 N. Milby St, Hannington, Del.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2			
Immediate cause	(a) DUE TO	Myocardia Chronic	
Antecedent cause(s)	(b) DUE TO		
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(c) DUE TO		
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY)	21c. (City or town)	(County)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at M. work <input type="checkbox"/> at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input checked="" type="checkbox"/> , Accident <input type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> . SIGNATURE: Dawson George			
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county) (State)
Burial	8-12-1955	Union	Fredonia, Del.
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
8/9/55	Mrs. B. George (Mrs) R. W. Boyer, Hannington, Del.		

01234

RECEIVED

AUG 12 1965

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

7579

2411 N. Charles Street, Baltimore

07577

## CERTIFICATE OF DEATH

Reg. Dist. No. 62

1. PLACE OF DEATH: COUNTY <u>CAROLINE</u>		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>MARYLAND</u> COUNTY <u>CAROLINE</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>DENTON</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Denton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>507 HIGH ST</u>		STREET ADDRESS <u>/</u>	
3. NAME OF DECEASED (Type or Print) <u>LEONARD</u>	(First) <u>LEONARD</u>	(Middle) <u>ALFRED</u>	(Last) <u>ORPHAN</u>
4. SEX <u>MALE</u>	5. COLOR OR RACE <u>NEGRO</u>	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE</u>	7. DATE OF BIRTH <u>JULY 22 1911</u>
8. AGE last birthday <u>44</u> yrs.	9. IF under 1 year Months <u>0</u>	10. IF under 24 hrs. Days <u>0</u>	11. If under 1 year Hours <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUMBER YARD LABOR</u>		11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME <u>WILLIAM RICH</u>	
14. MOTHER'S MAIDEN NAME <u>JULIA EMORY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>0</u>	
16. SOCIAL SECURITY NO. <u>216-14-9150</u>		17. INFORMANT <u>MOTHER</u>	

18. MEDICAL CERTIFICATION  
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH002X  
Immediate cause (a) PULMONARY FAILURE

## Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last(b) TUBERCULOSISINTERVAL BETWEEN  
ONSET AND DEATH

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY

Yes  No 

21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
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TIME (Month) (Day) (Year) (Hour)  
OF INJURYINJURY OCCURRED  
While at Work  At Work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from P.D. to ATTEND, 19, that I last saw the deceasedalive on 19, and that death occurred at SICAI, from the causes and on the date stated above.SIGNATURE Edwin G. RileyADDRESS m. d.DATE SIGNED AUG 16 1955

23. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>	DATE <u>Aug 16 55</u>	NAME OF CEMETERY OR CREMATORIY <u>Spring Grove Cemetery</u>	LOCATION (City, town, or county) <u>Denton</u>	(State) <u>Tenn.</u>
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DATE RECD BY LOCAL REG. <u>8/20/55</u>	REG. # <u>JM 30</u>	REG. # <u>George</u>	24. FUNERAL DIRECTOR <u>J. Virgil Moore &amp; Son</u>	ADDRESS <u>Denton</u>
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Death occurred at home

BUREAU Y. S.

AUG 30 1955

RECEIVED

## 7580 CERTIFICATE OF DEATH

Reg. Dist. No. 60

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY Caroline MARYLAND		STATE Maryland COUNTY Caroline	
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Rural Goldsboro		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Goldsboro	
HOSPITAL OR INSTITUTION OR STREET ADDRESS None		STREET ADDRESS None	
3. NAME OF (First) (Middle) (Last)		4. DATE (Month) (Day) (Year)	
DECEASED: (Type or Print) Carl W. Schneider		OF DEATH: 8 14 559	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. Specify: Married	8. DATE OF BIRTH: 9/14/1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner		9. AGE last birthday 61 IF UNDER 1 YEAR Months Days Hours Min.	
10B. KIND OF BUSINESS OR INDUSTRY: None		11. BIRTHPLACE (State or foreign country): Germany	
13. FATHER'S NAME: Peter Schneider		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 220-32-8780	
17. INFORMANT & ADDRESS: Alfreda Schneider Goldsboro, Md.		18. MEDICAL CERTIFICATION	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 162X IMMEDIATE CAUSE (A) DUE TO Bronchogenic Carcinoma 4 mos. ANTECEDENT CAUSE (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Underlying Carcinoma			
19A. DATE OF OPERATION: June 14, 1955		19B. MAJOR FINDINGS OF OPERATION Biopsy supraclavicular lymph node	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH <input type="checkbox"/> (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (City or town) (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 20, 1955, to Aug. 14, 1955, that I last saw the deceased alive on Aug. 14, 1955, and that death occurred at 1:50 P.M., from the causes and on the date stated above. SIGNATURE: <i>Dearl N. Fries, Jr.</i> ADDRESS: <i>Greensboro, Md.</i> DATE SIGNED: <i>Aug. 16, 1955</i>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF 8/17/55	
NAME OF CEMETERY OR CREMATORIAL Denton		LOCATION (City, town, or county) (State) Denton, Maryland	
DATE REC'D BY LOCAL REGISTRAR 8/17/55		REGISTRAR'S SIGNATURE <i>Clark Smith</i>	
FUNERAL DIRECTOR		ADDRESS <i>J. E. Bouland &amp; Sons, Greensboro, Md.</i>	

BUREAU V. S.

AUG 23 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07580  
7581 CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH: COUNTY <u>Caroline</u> MARYLAND CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN <u>Rural- Seaford, Del. R. F. D.</u> LENGTH OF STAY (in this place) 15 Yrs.		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <u>Maryland</u> COUNTY <u>Caroline</u> CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Rural- Seaford, Del. R. F. D.</u> STREET ADDRESS (If rural give location) <u>Near Reliance</u>	
3. NAME OF DECEASED: (Type or Print) <u>Marion</u> (First) (Middle) (Last)		4. DATE (Month) (Day) (Year) OF DEATH: <u>Aug. 21</u> 1955	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH: <u>June 5, 1887</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): <u>Carpenter</u>		10B. KIND OF BUSINESS OR INDUSTRY: <u>Dorchester County, Maryland</u>	
13. FATHER'S NAME: <u>Lewis W. Tull</u>		14. MOTHER'S MAIDEN NAME: <u>Mary E. Butler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) <u>No</u> (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>215-61-1019</u>	
17. INFORMANT & ADDRESS: <u>Mrs. Nora H. Tull, Seaford, Del. R. F. D.</u>			
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH <u>177X</u> IMMEDIATE CAUSE <u>Carcinoma of Prostate</u> ANTECEDENT CAUSE (S) <u>Gland with adenovo- is skeletal metastasis</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION:	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.) 21C. WHERE DID (City or town) INJURY OCCUR? (County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/> 21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Dec. 3, 1951</u> to <u>Aug. 21, 1955</u> , that I last saw the deceased alive on <u>Aug. 21, 1955</u> , and that death occurred at <u>5:40 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. H. Beckert M.D.</u> ADDRESS <u>100 Broadmeadow, Md.</u> DATE SIGNED <u>9/22/55</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>August 24, 1955</u>	NAME OF CEMETERY OR CREMATORIUM <u>Cokesbury Cemetery</u>
DATE REC'D BY LOCAL REGISTRAR <u>August 23, 1955</u>		REGISTRAR'S SIGNATURE <u>Margaret H. Frampton</u>	LOCATION (City, town, or county) (State) <u>Near Federalsburg</u> <u>Md.</u>
24. FUNERAL DIRECTOR <u>J. J. Frampton and Son, Federalsburg, Md.</u>		ADDRESS	

RECEIVED  
BUREAU V. S.

Aug 25 1965

RECEIVED

Baltimore

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 07582 CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
CITY (If outside corporate limits, write RURAL OR and give nearest town)		LENGTH OF STAY (in this place)		STATE Maryland COUNTY Caroline		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN Federalsburg - Rural		4 years		TOWN Federalsburg - Rural		(If rural give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Near American Corner		STREET ADDRESS		Near American Corner	
3. NAME OF DECEASED: (Type or Print)		(First) Susie		(Middle) Elizabeth		(Last) Wade	
4. DATE (Month) OF DEATH: August 29		(Day) 1955		(Year)			
5. SEX: Female		6. COLOR OR RACE: Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married		8. DATE OF BIRTH: September 9, 1919	
9. AGE last birthday 35 yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework		10B. KIND OF BUSINESS OR INDUSTRY: Home		11. BIRTHPLACE (State or foreign country): Jacksonville, Florida	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13. FATHER'S NAME: Lorenza W. Slaymon							
14. MOTHER'S MAIDEN NAME: Joanna Jones							
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unk.) No		16. SOCIAL SECURITY NO. 266-46-3482				17. INFORMANT & ADDRESS: Nathaniel Wade, Federalsburg, Md., R.F.D	
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  171X IMMEDIATE CAUSE (A) Intestinal obstruction (colostomy) 2 month ANTECEDENT CAUSE (S) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (B) metastatic carcinoma of intestine 1 year STATING UNDERLYING CAUSE LAST. DUE TO (C) carcinoma of cervix 2 year							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19A. DATE OF OPERATION: July 12, 1955		19B. MAJOR FINDINGS OF OPERATION Metastatic carcinoma of intestine & obstruction				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)		21C. WHERE DID (City or town) INJURY OCCUR?		(County) (State)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 8-3, 1955, to 8-21, 1955, that I last saw the deceased alive on 8-21, 1955, and that death occurred at 3:40 AM, from the causes and on the date stated above. SIGNATURE Robert C. Kingsbury ADDRESS DATE SIGNED M.D. Federalsburg, Maryland Aug. 29, 1955							
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		DATE THEREOF Aug. 31, 1955		NAME OF CEMETERY OR CREMATORIALy Liberty Chapel Cemetery		LOCATION (City, town, or county) Reddick, Florida (State)	
DATE REC'D BY LOCAL REGISTRAR August 31, 1955		REGISTRAR'S SIGNATURE Margaret H. Frampton		24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md.		ADDRESS	

BUREAU U. S.

SEP 8 1960

RECEIVED

7583

## CERTIFICATE OF DEATH

Reg. Dist. No 62

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:		
COUNTY CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN	Caroline Denton - Rural	STATE CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	MARYLAND Length of Stay (in this place) 50 years	
HOSPITAL OR INSTITUTION OR STREET ADDRESS	Near Howard's School			
3. NAME OF DECEASED: (Type or Print)	(First) Jacob	(Middle)	(Last) Zierl	
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married	8. DATE OF BIRTH: Sept. 15, 1895	
10A. USUAL OCCUPATION (Give kind of work done during most of working life. even if retired): Farmer	10B. KIND OF BUSINESS OR INDUSTRY: Farm Owner	9. AGE last birthday 59 yrs.	11. BIRTHPLACE (State or foreign country): New York City	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jacob Zierl	14. MOTHER'S MAIDEN NAME: Bertha (maiden name unknown)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 220-09-1474	17. INFORMANT & ADDRESS: Mary D. Zierl, Denton, Maryland, R.F.D.		
18. MEDICAL CERTIFICATION I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  151X IMMEDIATE CAUSE DUE TO (A) Carcinoma Stomach ANTECEDENT CAUSE (S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.  (B) DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH 2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.				
19A. DATE OF OPERATION: April 1954	19B. MAJOR FINDINGS OF OPERATION Carcinoma Stomach.			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	21C. WHERE DID (City or town) INJURY OCCUR?	(County)	(State)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY M.	21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 1955, to Aug 2, 1955, that I last saw the deceased alive on Aug 2, 1955, and that death occurred at 11 P.M., from the causes and on the date stated above. SIGNATURE <i>Paul Burns</i> ADDRESS <i>Denton Md</i> DATE SIGNED <i>8-6-55</i>				
23. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	DATE THEREOF Aug. 5, 1955	NAME OF CEMETERY OR CREMATORIUM Hill Crest Cemetery	LOCATION (City, town, or county) (State) Federalsburg, Maryland	
DATE REC'D BY LOCAL REGISTRAR 815-55	REGISTRAR'S SIGNATURE <i>Wm. D. Georges</i>	24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md.		

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AUG 12 1955